

MAY 14 2004

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration  
Submitted  
with Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

|                        |               |  |
|------------------------|---------------|--|
| Attorney Docket Number | M. Shahinpoor |  |
| First Named Inventor   |               |  |
| COMPLETE IF KNOWN      |               |  |
| Application Number     | 10/707,662    |  |
| Filing Date            | 12/30/2003    |  |
| Art Unit               | 3761          |  |
| Examiner Name          |               |  |

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

*Heat Shrink Scleral Band With Custom  
Made Buckle For Retinal Detachment Surgery*

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) 12/30/2003 as United States Application Number or PCT International

Application Number 10/707,662 and was amended on (MM/DD/YYYY)   (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed     | Certified Copy Attached?                                 |
|-------------------------------------|---------|----------------------------------|--------------------------|--|
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/> YES <input type="checkbox"/> NO |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>                                 |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>                                 |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>                                 |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>                                 |
|                                     |         |                                  | <input type="checkbox"/> | <input type="checkbox"/>                                 |

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number  
or Bar Code Label **27232** OR  Correspondence address below

|  |                               |                         |  |
|--|-------------------------------|-------------------------|--|
| Name <b>Mohsen Shahinpoor</b>              |                               |                         |  |
| Address <b>909 Virginia, NE, Suite 205</b> |                               |                         |  |
| City <b>Albuquerque</b>                    | State <b>NM</b>               | ZIP <b>87108</b>        |  |
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

|   |                 |   |                        |
|---|-----------------|---|------------------------|
| Given Name <b>Mohsen</b><br>(first and middle [if any]) |                 | Family Name<br>or Surname <b>Shahinpoor</b> |                        |
| Inventor's Signature <b>Mohsen Shahinpoor</b>           |                 | Date <b>4/9/04</b>                          |                        |
| Residence: City <b>Albuquerque</b>                      | State <b>NM</b> | Country <b>USA</b>                          | Citizenship <b>USA</b> |
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

|  |                 |   |                        |
|--|-----------------|---|------------------------|
| Given Name <b>David</b><br>(first and middle [if any]) |                 | Family Name<br>or Surname <b>Soltanpoor</b> |                        |
| Inventor's Signature <b>DL</b>                         |                 | Date <b>4-23-04</b>                         |                        |
| Residence: City <b>New York</b>                        | State <b>NY</b> | Country <b>USA</b>                          | Citizenship <b>USA</b> |
| Mailing Address <b>200 E 90th. St, Suite 6A</b>        |                 |   |                        |
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_\_\_\_ of \_\_\_\_\_

|  |       |   |              |
|--|-------|---|--------------|
| Name of Additional Joint Inventor, if any: |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |              |
| Given Name (first and middle [if any])     |       | Family Name or Surname  |              |
| Parsa R. S. S.                             |       | Shahin Poor   |              |
| Inventor's Signature                       |       |   | Date 4.15.04 |
| Residence: City                            | State | Country   | Citizenship  |
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| Albuquerque                                | NM    | 87110   | USA          |
| Name of Additional Joint Inventor, if any: |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |              |
| Given Name (first and middle [if any])     |       | Family Name or Surname  |              |
|  |       |   |              |
| Inventor's Signature                       |       |   | Date         |
| Residence: City                            | State | Country   | Citizenship  |
| Mailing Address                            |       |   |              |
| Mailing Address                            |       |   |              |
| City                                       | State | ZIP   | Country      |
| Name of Additional Joint Inventor, if any: |       | <input type="checkbox"/> A petition has been filed for this unsigned inventor |              |
| Given Name (first and middle [if any])     |       | Family Name or Surname  |              |
|  |       |   |              |
| Inventor's Signature                       |       |   | Date         |
| Residence: City                            | State | Country   | Citizenship  |
| Mailing Address                            |       |   |              |
| Mailing Address                            |       |   |              |
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